

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445388	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2016
NAME OF PROVIDER OR SUPPLIER GENERATIONS CENTER OF SPENCER			STREET ADDRESS, CITY, STATE, ZIP CODE 87 GENERATIONS DRIVE SPENCER, TN 38585		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing, the facility failed to maintain the fire alarm system.</p> <p>The finding included:</p> <p>Observation and testing of the fire alarm system on 3/23/16 at 10:05 AM, revealed the strobe on the 400 hallway was not functioning properly and not in synchronization with the other two visible strobes. National Fire Protection Association (NFPA) 72, 4-4.4.2.3 (1999 Edition)</p> <p>This finding was verified and acknowledged by the maintenance director and administrator during the exit conference on 3/23/16.</p>	K 052	<p>The strobe on 400 hallway was fixed on 04-06-2016 by Security Equipment. A new control panel was installed to resolve strobe pulses not matching. During monthly fire drills the strobes will be monitored to ensure alignment of pulses by the maintenance director. The quality assurance nurse/ LPN will review with the maintenance director monthly for three months to ensure compliance with monitoring and effectiveness of new panel.</p>	04-06-16	
K 054 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p>	K 054	<p>On 04-07-2016 Security Equipment moved the smoke detectors in the dining room to a distance of greater than three feet from intake or output ventilation. On 04-07-2016 Security Equipment verified the detector in HR office was a heat detector (See attachment H). cont. on next page</p>	04-07-16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 054	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to maintain the smoke detectors. The findings included: 1. Observation on 3/23/16 at 7:53 AM, revealed smoke detectors within three (3) feet of an air handling device in the HR office and the dining area. NFPA 72, 2-3.5.1 (1999 Edition) 2. Document review on 3/23/16 at 9:43 AM, revealed the facility did not provide documentation for a two (2) year smoke sensitivity test. NFPA 72, 7-3.2.1 (1999 Edition) These findings were verified and acknowledged by the maintenance director and administrator during the exit conference on 3/20/16. NFPA 101 LIFE SAFETY CODE STANDARD	K 054	The maintenance director will measure the distance between smoke detectors and ventilation annually and report findings to the administrator to ensure compliance.	04-07-16	
K 062 SS=D	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system. The findings included: 1. Observation on 3/23/16 at 8:40 AM, revealed	K 062			

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K 062	Continued From page 2 mixed sprinklers (quick and standard response) in patient room 114. NFPA 13, 5-3.1.5.2 (1999 Edition) 2. Observation on 3/23/16 at 8:56 AM, revealed the spare sprinkler box in the sprinkler riser room did not contain the correct type of replacement sprinklers that are installed throughout the facility. NFPA 13, 3-2.9.1 (1999 Edition) These findings were verified and acknowledged by the maintenance director and administrator during the exit conference on 3/23/16.	K 062	On 04-01-2016 sprinkler heads were ordered to ensure all rooms had matching standard or quick release bulbs by the maintenance director through S.C.C. Sprinklers, the order also includes the replacement heads for the sprinkler box in the riser room (see attachment A) for a copy of the order. The maintenance director will check each room post sprinkler head change by S.C.C. Sprinkler Company and check the box for compliance with placement of the correct types of replacement sprinkler heads quarterly. The quality assurance nurse/ LPN will complete a walk through of each room and the riser room quarterly to ensure matching sprinkler heads are within the same corridor/room.	04-01-16	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the air vents on the HVAC system. The finding included: Observation on 3/23/16 at 8:17 AM, revealed the air vent was covered with lint in the area behind the commercial dryers. NFPA 90A, 2-3.7.1 (1999 Edition) This finding was verified and acknowledged by the maintenance director and administrator during the exit conference on 3/23/16.	K 067	On 03-24-2016 the vent behind the dryer was cleaned by the maintenance director. A new form was created for a weekly round by the maintenance director (see attachment B). The form will be checked by the administrator each week to ensure compliance with completion and results provided to the quality assurance nurse/ LPN for six months.	03-24-16	

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K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the emergency exits.</p> <p>The finding included:</p> <p>Observation on 3/23/16 at 8:41 AM, revealed a dead bolt installed in the emergency exit door in the kitchen. NFPA 101, 7.2.1.5 (2000 Edition)</p> <p>This finding was verified and acknowledged by the maintenance director and administrator during the exit conference on 3/23/16.</p>	K 072	<p>On 03-30-2016 a new door was ordered by the maintenance director through Pioneer Building Supply (see attachment C). The new door will be placed upon delivery with no deadbolt for compliance with NFPA 101 7.2.1.5. All staff have been educated that deadbolts/ secondary locks cannot be placed on emergency exit doors by the assistant administrator. Quality assurance rounds conducted monthly by the maintenance director will include monitoring of each emergency exit door to ensure ease of egress.</p>	03-30-16	
K 104 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the fire/smoke dampers.</p> <p>The finding included:</p>	K 104	<p>On 04-06-2016 Security Equipment completed the four year damper test (see attachment D). The maintenance director log book has been updated to reflect the four year test requirements. The maintenance staff were educated on the requirement on 04-06-2016 by the assistant administrator. The maintenance log book is reviewed weekly by the assistant administrator to ensure compliance and reported monthly to quality assurance.</p>	04-06-16	

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K 104	Continued From page 4 Document review on 3/23/16 at 9:47 AM, revealed the facility failed to provide documentation for a four (4) year damper inspection. NFPA 90A, 3-4.7 (1999 Edition) This finding was verified and acknowledged by the maintenance director and administrator during the exit conference on 3/23/16.	K 104			